

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-015144

2239

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED MAY 14 1962

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas City

Length of stay in 1b

20 Years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTE 401 East 36th Street
Hyde Park Nursing Home

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City

Inside Limits

Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
7343 Arleta

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
JOSEPHINE L. CHENOWETH4. DATE OF DEATH
April 21, 1962

5. SEX Female

6. COLOR OR RACE Cauc.

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH 3/16/1886

9. AGE (last birthday) 76
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Dietitian10b. KIND OF BUSINESS OR INDUSTRY
Ralph's Sanitarium
Retired11. BIRTHPLACE (City and state or country)
Germany12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

Lempke

13b. MOTHER'S MAIDEN NAME
unknown14. NAME OF HUSBAND OR WIFE
Elmer Chenoweth15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no17. INFORMANT
Mrs. Ruth Barnett, Kansas City, Mo.Address
7343 Arleta

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral thrombosis left 4 mo.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Generalized arteriosclerosis 1 yr.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION
COUNTY STATE21. I attended the deceased from 4-10-55 to 4-21-62 and last saw her alive on 4-20-62
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)
R. Lyndon, Jr. M.D.

22b. ADDRESS

1027 E. 75th St. Kansas City, Mo. 64114

22c. DATE SIGNED

4-23-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY
D.W. Newcomer's Sons23d. LOCATION (City, town, or county) (State)
Kansas City, Missouri

24. FUNERAL DIRECTOR

1331 Brush Creek Blvd.

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE
Ruth Long

D.W. Newcomer's Sons, Kansas City, Mo. 4-24-62

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

R. Lyndon, Jr. M.D.

Mr. Harold R. Lyden, Jr. No. 4-5428
2nd Lt. William R. Ridd, Jr. 75th Street
10-12, 1:30-4:30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was embalmed~~ by me,
or by Nat. Embalmer, Student Embalmer No. _____,
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James W. Lyden

Licensed Embalmer No. 4889

P. O. Address Luthers, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.